



UNITED STATES PATENT AND TRADEMARK OFFICE

GROUP ART UNIT: 2811 ✓
EXAMINER: Unknown

Date of deposit:

10/28/2003

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Reuben Mitchell
Signature of Person Mailing Paper

Dawn M. Hebein
Printed Name of Person Mailing Paper

**Mailstop Missing Parts
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

ATTN: OFFICIAL DRAFTSPERSON

SIR:

Enclosed are four (4) sheets of formal drawings, sheets 1/4 through 4/4, FIGS. 1 through 4 for the above-identified application.

Respectfully submitted,

Hammadou et al.

Dancer

Daniel K. Nichols
Attorney for Applicants
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MOTOROLA, INC.
Customer Number: 22917



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/623,676
	Filing Date	7/21/2003
	First Named Inventor	Hammadou et al
	Group Art Unit	2811
	Examiner Name	Unknown
Total Number of Pages in this Submission	Attorney Docket Number	CML00878AC

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Formal Drawing(s) and Transmittal	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<ul style="list-style-type: none">• Copy Notice to File Corrected Application Papers
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____	
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Daniel K. Nichols	Registration No.	29,420
Signature			
Date	10/28/2003		

CERTIFICATE OF MAILING	
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Date	10/28/2003